Name in Full: Daniel Howard Baldwin

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Chesapeake Bay, County: Kent

Date of death: Month: June, Day: 7th, Year: 1904

Age: Years: 17, Months: 7, Days: 20

Sex: Male

Color or Race: White

Birthplace: Watertownville, Ct.

Occupation: Student

Where Residing if not at place of death: 11½ Park St. New Haven, Ct.

Married, Single or Widowed: Single

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name:

Father's Birthplace:

Guardian ~~Mother~~ Name: Mrs. J. B. McQuinn

Mother's Birthplace:

Name of person giving Information:

How related to deceased:

CAUSES OF DEATH

Primary: Accidental

How long:

Immediate: Accidental Drowning — While Bathing

How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Charles G. Feldmeyer

Address: Justice of the Peace, Acting Coroner

Accident or ~~Suicide~~?

LIBRARY BUREAU A86616

Name in Full

Certificate of Death

Frank Baynard, Jr

Died at Millington Town, Kent County, MARYLAND

Date 189 4 June 15 | Age Y. 7 M. 1 D. 28 | Native of Maryland | Occupation ———

Male ~~Female~~ | ~~White~~ Colored | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

Husband / Wife of ———

Father's Name Frank Baynard | Mother's Name Jennie Bordley

Cause of Death: Primary Tuberculosis | How long sick six mos

Immediate Hemorrhage | ~~Accident, Suicide, Homicide~~

Reported by C C Gowman M.D.

Address Millington Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65060

Name in Full

James A. Birch

Certificate of Death

Died at near Town Galena County Kent MARYLAND

Date 1914 Month June Day 21	Age Y. 3 M. — D. —	Native of Kent Co.,	Occupation
Male ~~Female~~	~~White~~ Colored	~~Married~~ Single	~~Widow~~ Widower	~~Divorced~~ Number of children living

~~Husband~~ of ~~Wife~~

Father's Name George Birch

Mother's Maiden Name Sallie Collins

Cause of Death — Primary: Cholera Infantum — How long sick: 5 days

Immediate

~~Accident, Suicide, Homicide~~

Reported by Edward A. Scott M.D.

Address Galena

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79893

Name in Full: Lilly Bowers

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Turners Creek — County: Kent

Date of death: Month: June — Day: 17 — 1904

Age: Years: 15 — Months: 1 — Days: —

Sex: female — Color or Race: Blk. — Birthplace: Md

Occupation: a — — — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Nathan Bowers — Father's Birthplace: Md

Mother's Maiden Name: Sarah Johnston — Mother's Birthplace: Md

Name of person giving Information: Nathan Bowers — How related to deceased: Father

CAUSES OF DEATH

Primary — How long

Immediate: Pulmonary Tuberculosis — How long: Month 2 Days

Are the name, age, sex, color, date and place correctly given above? Yes.

PHYSICIAN OR CORONER

Signature of Physician: J. Hortense Miller

Address: Kent Point, Md.

Accident or Suicide?

LIBRARY BUREAU A69016

Still Pond

Name in Full: Robert Cann

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Sunday Town — County: Kent

Date of death: 1904 — Month: June — Day: 11 — Age: Years: — Months: 2 — Days: 1

Sex: Male — Color or Race: Colored — Birthplace: Maryland

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: — — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Samuel Cann — Father's Birthplace: Maryland

Mother's Maiden Name: Martha Wicks — Mother's Birthplace: Md

Name of person giving Information: Samuel Cann — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Not Known — How long: 2 days

Immediate: No Dr in attendance — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Thos H Casey

Address: Undertaker

Rock Hall Kent Co Md

Accident or Suicide?

LIBRARY BUREAU A3881B

Name in Full: Ellen Cann

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Sunderland Bottom — County: Kent

Date of death: Month: June — Day: 15 — Year: 1904

Age: Years: — Months: 2 — Days: 5

Sex: Female — Color or Race: Colored — Birthplace: Md

Occupation: — Where Residing if not at place of death:

Married, Single or Widowed: — Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Samuel Cann — Father's Birthplace: Md

Mother's Maiden Name: Martha Wicks — Mother's Birthplace: Md

Name of person giving Information: Samuel Cann — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Not Known — How long:

Immediate: Nor Dr attending — How long: 1 day

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Thos H Casey

Address: Undertaker Rock Hall Md

Accident or Suicide?

LIBRARY BUREAU A86516

Name in Full: Still Born

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Lynchers — County: Kent

Date of death: Month: June — Day: 9th — Years: — — Months: — — Days: —

Sex: male — Color or Race: Colored — Birthplace: Lynchers

Occupation: — — Where Residing if not at place of death: —

Married, Single or Widowed: — — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: James H Chambers — Father's Birthplace: md

Mother's Maiden Name: Rosie Wilson — Mother's Birthplace: md

Name of person giving information: Rachel Butler — How related to deceased: midwife

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Still born. S. — How long: —

Immediate: — — How long: —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Wm. S. Maxwell. M.D.

Address: Still Pond. Md.

Accident or Suicide?

LIBRARY BUREAU A88516

Fontaine

Name in Full: Benjamin Dueckrey

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: near Millington — County: Kent

Date of death 1904: Month: June — Day: 16th — Age: Years: 13 — Months — Days

Sex: Male — Color or Race: Colored — Birthplace: Kent Co. Md

Married, Single or ~~Widowed~~ — Occupation

Name of Wife or Husband

Father's Name: Charles E Dueckrey — Father's Birthplace: Caroline Co Md

Mother's Maiden Name: Elenora Eggenson — Mother's Birthplace: Carolin Co Md

Name of person giving information: Chas. E Dueckrey — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Pneumonia — How long: 3 months

Immediate: Abcess of lung — How long: 2 weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: F.N. Sheppard

Address: Crumpton Md.

Accident or Suicide?

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LIBRARY BUREAU A66516

Chesterville
Cemetery
6/17/04

Name in Full: Rachel Covert

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Chestertown — County: Kent

Date of death: Month: June — Day: 28 — Years: Age about 75 — Months — Days

Sex

Color or Race: White

Birthplace: Md

Occupation

Where Residing if not at place of death

~~Married, Single or Widowed~~

Name of Wife or ~~Husband~~

Father's Name

Father's Birthplace: Md

Mother's Maiden Name

Mother's Birthplace: Md

Name of person giving Information: Joseph Covert

How related to deceased: Nephew

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Senility

How long: about eight days

Immediate

How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. E. Ferguson M.D.

Address

Accident or Suicide?

LIBRARY BUREAU A83516

CERTIFICATE OF DEATH

MARYLAND

Name in Full: Mary E. Freeman

Died at: Town: Butlertown; County: Kent

Date of death 1904: Month: June; Day: 17

Age: Years: 32; Months; Days

Sex: Female; Color or Race: Colored; Birthplace: Kent Co

Married, Single or Widowed: Married; Occupation: Housewife

Name of Wife or Husband: Jefferson Freeman

Father's Name: Richard Walker; Father's Birthplace: Kent Co

Mother's Maiden Name: Minta Tilman; Mother's Birthplace: Kent Co

Name of person giving In formation: Jefferson Freeman; How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Mitral Regurgitation; How long: 2 yrs

Immediate: Apnoea; How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. G. Simpers

Address: Chestertown, Md.

Accident or Suicide? No

LIBRARY BUREAU

Butlertown

Name in Full: Martha Geiser.

CERTIFICATE OF DEATH

MARYLAND

Died in: Town: Near Rock Hall — County: Kent

Date of death: Month: June — Day: 1 — Year: 1904 — Age: Years: 23 — Months: — Days: —

Sex: Female — Color or Race: White — Birthplace: Kent Co. Md.

Occupation: Housekeeping — Where Residing if not at place of death: Residence at place of death

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: August Geiser — Father's Birthplace: Germany

Mother's Maiden Name: Alponza Rogers — Mother's Birthplace: Unknown

Name of person giving Information: Mrs. Jno. Gibson, & D. F. Mason — How related to deceased: Mrs. Gibson niece, Mr. Mason brother in law.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pernicious Anaemia — How long: 3 months

Immediate: Asthenia — How long: 2 days.

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H. L. Todd.

Address: Chestertown, Md.

Accident or Suicide? —

LIBRARY BUREAU A88318

Manors Churchwardens

Name in Full: Samuel C. Gilbert

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Coleman — County: Kent

Date of death: Month: June — Day: 24 — 1904

Age: Years: — Months: 7 — Days: —

Sex: male — Color or Race: Blk — Birthplace: Md

Occupation: — —

Where Residing if not at place of death: — —

Married, Single or Widowed: —

Name of Wife or Husband: — —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Daniel Gilbert — Father's Birthplace: Md

Mother's Maiden Name: Annie A. Hamilton — Mother's Birthplace: Md

Name of person giving information: S. Gilbert — How related to deceased: Father

CAUSES OF DEATH

Primary:

How long:

Immediate: Convulsions — How long: One day.

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Lewis P. Atwell M.D.

Address: Still Pond. Md.

Accident or Suicide? No.

LIBRARY BUREAU A88516

Coleman

Name in Full: Geo. Hall.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Chestertown County: Kent

Date of death 190 4: Month: June Day: 7

Age: Years: 42 Months: Days:

Sex: male Color or Race: B.H. Birthplace: Md

Occupation: Laborer Where Residing if not at place of death:

Married, Single or Widowed: Single Name of Wife or Husband:

Father's Name: Geo Hall Father's Birthplace:

Mother's Maiden Name: Margret Hall. Mother's Birthplace:

Name of person giving information: Daniel Hill How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Softening of Brain How long: 6 mo.

Immediate: Eclampsia How long: 24 hours

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H. Bruce Simmons

Address: Chestertown Md

Accident or Suicide? No

LIBRARY BUREAU A88616

Mount Zion Cemetery

Name in Full: Bessie H. Hopkins

CERTIFICATE OF DEATH

MARYLAND

Died at (Town): Near Rock Hall — County: Kent

Date of death: 1904 — Month: June — Day: 30 — Age: Years 4 — Months — Days

Sex: Female — Color or Race: Colored — Birthplace: Kent Md

Occupation — Where Residing if not at place of death

Married, Single or Widowed — Name of Wife or Husband

Father's Name: William H. Hopkins — Father's Birthplace: Virginia

Mother's Maiden Name: Mildie Tilman — Mother's Birthplace: Kent Co Md

Name of person giving Information: William H. Hopkins — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Phthisis Pulmonalis — How long: Hereditary

Immediate: Exhaustion — How long: two Months

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. W. Beall M.D

Address: Rock Hall Md

Accident or Suicide?

LIBRARY BUREAU A38816

Name in Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at Town: Near Morgnec — County: Kent

Date of death 1904 — Month: June — Day: 9 — Age: Years — Months — Days

Sex: Female — Color or Race: White — Birthplace: Morgnec

Occupation — Where Residing if not at place of death

Married, Single or Widowed — Name or Wife or Husband

Father's Name: Henry Hughes — Father's Birthplace: Md

Mother's Maiden Name: Mary Milburn S. — Mother's Birthplace: Delaware

Name of person giving Information: Mrs Mary Hughes — How related to deceased: mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Still birth — How long

Immediate — How long

Are the name, age, sex, color, date and place correctly given above? yes — Signature of Physician: E L Garnett

Address: Md

Accident or Suicide?

LIBRARY BUREAU A63516

Name in Full: Benjamin Hynson

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Rockhall — County: Kent Co

Date of death 1904 — Month: June — Day: 29 — Age — Years: 74 — Months — Days

Sex — Color or Race: Color — Birthplace: Kent Co

Married, Single or Widowed: Married — Occupation: Farmer

Name of Wife or Husband: Fannie Hynson — Md

Father's Name: Benjamin Hynson — Father's Birthplace: Kent Co Md

Mother's Maiden Name: Hennie Murry — Mother's Birthplace: Kent Co Md

Name of person giving information: Samuel Hynson — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Epilepsy — How long: 6 hours

Immediate: Exhaustion — How long: hour

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W. O. Selby M. D.

Address: Rockhall, Kent Co

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU AB6818

Name in Full: William H. Hyrson

CERTIFICATE OF DEATH

MARYLAND

Died at (Town): Chesterwick

County: Kent

TO BE ANSWERED BY NEAREST FRIEND

Date of death 1904 — Month: June — Day: 6th — Age: Years 22 — Months — — Days —

Sex: Male

Color or Race: Black

Birthplace: Maryland

Occupation: Farmwork

Where Residing if not at place of death: —

Married, Single or Widowed: Single

Name of Wife or Husband: —

Father's Name: Wm Hyrson

Father's Birthplace: Maryland

Mother's Maiden Name: Rachel Sampson

Mother's Birthplace: Maryland

Name of person giving Information: Wm Hyrson

How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis Pulm.

How long: 2 Years

Immediate: Exhaustion

How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C P Gaumeau M.D.

Address: Millington Md

Accident or Suicide?

LIBRARY BUREAU A88316

Name in Full: James Johnson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Reston — County: Kent.

Date of death: Month: June — Day: 8. — Year: 1904 — Age: 43 — Months — Days

Sex: Male. — Color or Race: White — Birthplace: Md.

Occupation: Fisherman — Where Residing if not at place of death: Rockhold Md.

Married, Single or Widowed: Widower. — Name of Wife or Husband:

Father's Name: Alden Johnson — Father's Birthplace: Md.

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving Information: Brady Shupe — How related to deceased: Step Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Consumption Lungs — How long: 9 mos.

Immediate: Exhaustion. — How long:

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: Chas W Whaland MD

Address: Reston Md.

Accident or Suicide?

LIBRARY BUREAU A883 6

Name in Full: Naomi Kendall Jones

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: near Charlestown; County: Cecil

Date of death: 1904; Month: 6; Day: 13; Age: Years: 47; Months: 5; Days: 21

Sex: Female; Color or Race: White; Birthplace: Kent Co Md

Occupation:

Where Residing if not at place of death:

TO BE ANSWERED BY NEAREST FRIEND

Married, Single or Widowed: Married; Name of Wife or Husband: David P Jones

Father's Name: James Kendall; Father's Birthplace: Kent Co Md

Mother's Maiden Name: Eliza Ann Legg; Mother's Birthplace: Kent Co Md

Name of person giving information: Pusphin Kendall; How related to deceased: Sister

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Intermetis; How long: 2 years

Immediate: Exhaustion from Coughing; How long: 2 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W Frank Haines

Address: Charlestown Md

Accident or Suicide?

LIBRARY BUREAU A88616

Name in Full: Charity Beaton

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Galena — County: Kent

Date of death 190 4 — Month: 6 — Day: 15 — Age: Years 76 — Months — Days

TO BE ANSWERED BY NEAREST FRIEND

Sex: female — Color or Race: African — Birthplace: Kent Md.

Married, Single or Widowed: Widow — Occupation: house wife

Name of Wife or Husband: Henry Beaton

Father's Name: dont Know — Father's Birthplace: dont Know

Mother's Maiden Name: dont Know — Mother's Birthplace: dont Know

Name of person giving information: Son in law Alfred Grace — How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Valvular disease of heart — How long: dont Know

Immediate: Paralysis Heart — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. W. Latimer

Address: Galena Md.

Accident or Suicide?

LIBRARY BUREAU A6858

Oliver Hill.

6/17/04

Name in Full: Howard Perry

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Chestertown; County: Kent

Date of death 1904: Month: June; Day: 14; Age: Years 3; Months; Days

Sex: Male; Color or Race: White; Birthplace: Chestertown

Married, Single or Widowed: ——; Occupation: ——

Name of Wife or Husband:

Father's Name: Chas T Perry; Father's Birthplace: Baltimore, Md

Mother's Maiden Name: Annie Johnson; Mother's Birthplace: Kent Co

Name of person giving Information: Chas T Perry; How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Chlorosis, Anaemia; How long: 3 months

Immediate: Exhaustion; How long: 2 weeks

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W. T. Simpers

Address: Chestertown, Md

Accident or Suicide? No

LIBRARY BUREAU A8881B

Name in Full: Benjiman Cox Plummer

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hill Pond creek — County: Kent

Date of death: Month: June — Day: 9 — Year: 1904 — Age: Years: 43 — Months: — — Days: —

Sex: Male — Color or Race: White — Birthplace: Md

Occupation: Miller — Where Residing if not at place of death: — —

Married, Single or Widowed: married — Name of Wife or Husband: Mary Price

Father's Name: Thomas Plummer — Father's Birthplace: Md

Mother's Maiden Name: Julia Cox — Mother's Birthplace: Md

Name of person giving information: mrs Mary Plummer — How related to deceased: Wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: 93

Immediate: Pneumonia — How long: 2 Days.

How long:

Are the name, age, sex, color, date and place correctly given above? yes.

Signature of Physician: J. Norbury Kelley

Address: Hill Pond, Md.

~~Accident or Suicide?~~

PHYSICIAN OR CORONER

D

LIBRARY BUREAU A88618

Stud Pond

Name in Full: Robert Poor

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Near Galena; County: Kent

Date of death: 1904; Month: June; Day: 26; Age: Years: 23; Months; Days

Sex: Male; Color or Race: Black; Birthplace: S. Carolina

Occupation: Laborer; Where Residing if not at place of death: at place of Death

Married, Single or Widowed: Married; Name of Wife or Husband: Alice Poor

Father's Name: Robert Poor; Father's Birthplace:

Mother's Maiden Name: ; Mother's Birthplace:

Name of person giving Imformation: Saml. Blake; How related to deceased: Father in law

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: ~~Shock of Lightning~~; How long: medial

Immediate: Yes Shock of Lightning; How long: —

Are the name, age, sex, color, date and place correctly given above? to the best of his knowledge

Signature of Physician: Henry Parr J.P. acting Coroner

Address: Galena Md

Accident or Suicide? Yes

LIBRARY BUREAU A88816

Name in Full: William. Redding.

CERTIFICATE OF DEATH

MARYLAND

Died at Town: Sassafras — County: Kent

Date of death 190 4 — Month: June — Day: 23 — Age: Years 69 — Months 6 — Days 17

Sex: Male — Color or Race: White — Birthplace: Kent Co, Md.

Occupation: Farmer — Where Residing if not at place of death:

Married, ~~Single, or Widowed~~ — Name of Wife or Husband:

Father's Name: Wm Redding — Father's Birthplace: Kent Co, Md

Mother's Maiden Name: Miss Haley — Mother's Birthplace: —

Name of person giving Imformation: — How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Locomotor Ataxia — How long: —

Immediate: — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: H M Jeter M.D.

Address: —

Accident or Suicide?

LIBRARY BUREAU

Mailed to me from
John Anderson Al. Ceuta
on July 12, 1904.
J. E. B.

Name in Full: Frances Ellen Scoon

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Rock Hall — County: Kent

Date of death: Month: June — Day: 1 — Years: 70 — Months — Days

Sex: Female — Color or Race: White — Birthplace: Kent Co Md

Occupation: House Wife — Where Residing if not at place of death: Rock Hall

Married, Single or Widowed: Widow — Name of Wife or Husband: James N. Scoon

Father's Name: Jennes Vickers — Father's Birthplace: Md

Mother's Maiden Name: Eliza Wrie — Mother's Birthplace: Mass

Name of person giving information: John J. Scoon — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Endocarditis Mitral regurgitation — How long: Nine Months

Immediate: Congestion of Lungs — How long: Two weeks.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: O. L. Long

Address: Rock Hall Md.

Accident or Suicide?

LIBRARY BUREAU A63516

Name in Full

Certificate of Death

Jennie Thompson

Died at Town: Near Sassafras County: Kent MARYLAND

Date 1904 Month 6 Day 5 Age Y. About 52 M. D. Native of Md Occupation Farmer Wife

~~Male~~ ~~White~~ Married Widow Divorced

Female Colored ~~Single~~ Widower Number of children living

Husband of Wife Stephen Thompson

Father's Name James Thompson Mother's Name

Cause of Death: Primary

Immediate Bright's Disease How long sick

Accident, Suicide, Homicide

Reported by N. M. Jeter M. D.

Address Sassafras, Kent Co., Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65988

Name in Full: John D. Welch Jr

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Kedstown — County: Kent

Date of death 190 4 — Month: June — Day: 30 — Years: Age 1 — Months: 8. — Days:

Sex: Male. — Color or Race: White — Birthplace: Kedstown Md

Married, Single or Widowed: — — Occupation: —

Name of Wife or Husband: —

Father's Name: John D. Welch. — Father's Birthplace: Ken Co Md.

Mother's Maiden Name: Daisy J. Brice — Mother's Birthplace: Ken Co Md.

Name of person giving In formation: James B. Thaland. — How related to deceased: Uncle

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cardiac Trouble. — How long: 2 Weeks

Immediate: Congestion Brain. — How long: 6 days.

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: C. V. Thaland M.D.

Address: Kedstown Md

Accident or Suicide?

LIBRARY BUREAU A88616

Name in Full: Edward. White

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Millington County: Kent

Date of death 1904: Month: June Day: 2nd Age: Years: 9 Months: Days:

Sex: Male Color or Race: Black Birthplace: Kent Co

Married, Single or Widowed: — Occupation: None

Name of Wife or Husband: —

Father's Name: John White Father's Birthplace: Maryland

Mother's Maiden Name: Mary Lawrence Mother's Birthplace: Maryland

Name of person giving In formation: John White How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Endocarditis How long: 4 Months.

Immediate: Asthenia How long: —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C P Gammon M.D.

Address: Millington Md.

Accident or Suicide? —

LIBRARY BUREAU A98516

Name in Full: Pearlina White

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Millington — County: Kent.

Date of death 1904 — Month: June — Day: 6 — Age — Years: 20 — Months: 10 — Days: 27

Sex: Female — Color or Race: Black. — Birthplace: Kent Co.

Married, Single or Widowed: Single — Occupation: Housework.

Name of Wife or Husband:

Father's Name: John White — Father's Birthplace: Maryland

Mother's Maiden Name: Mary Lawrence — Mother's Birthplace: Maryland

Name of person giving information: John White — How related to deceased: Father.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Endocarditis — How long: 2 Years

Immediate: Asthenia — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C. P. Lawrason MD

Address: Millington Md.

Accident or Suicide?

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Name in Full: Ulysis W. Whittington

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: near Galena — County: Kent

Date of death 1904 — Month: 6 — Day: 11 — Age: Years 24 — Months — — Days —

Sex: Male — Color or Race: Colored — Birthplace: Kent Co. Md.

Married, Single or Widowed: Single — Occupation: Labourer.

Name of Wife or Husband:

Father's Name: Wright Whittington — Father's Birthplace: Kent Co. Md.

Mother's Maiden Name: Emma Whittington — Mother's Birthplace: Kent Co. Md.

Name of person giving In formation: father — How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Tyberculor Phthisis — How long: 4 Ten years

Immediate: paralysis of heart — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: A. Wm. Latimer,

Address: Galena, Md.

Accident or Suicide?

PHYSICIAN OR CORONER

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